

## GUEST EDITORIAL

### Appropriate Patient Moving and Handling as a Strategy Creating a Safe Patient Handling Culture

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Approximately 10% of workers in the European Union work in the health care sector, and the majority of them in hospitals. These workers are under different kinds of risks (biological, musculoskeletal disorder, psychosocial, etc.). At the moment, European Union legislation on health care workplaces encompasses most types of risks. However, the fact that so many different types of risks arise at once, along with the fact that this work sector is, without doubt, dangerous, has encouraged considering whether or not special methods are needed, at the Union level, in order to provide better health and safety conditions for hospital workers.

European legislation regarding uniform and workwear focuses on two main areas: health, safety and infection control; and equality in terms of age, disability, sex, sexual orientation, race, transgender, pregnancy and maternity, religion or belief and human rights.

Occupational musculoskeletal diseases have been predominant in the Lithuanian occupational diseases structure since 2005. The incidence rates of these diseases govern the general occupational incidence trends in our country. Since 2005, declining incidence trends of occupational musculoskeletal diseases have been observed in Lithuania. The developmental risks of musculoskeletal disorders, along with methodological recommendations, are provided on the website of the State Labour Inspection at the Ministry of Social Security and Labour. The analysis of reports of the State Labour Inspectorate as well as research findings show that there is a big problem in real practice in moving and handling.

Compliance with the regulations in nursing practice is very difficult because of the following reasons: the weights of lifted objects or people are much higher than those stipulated in the standards; a small number of ward staff (especially for night duty) often prevents team moving or lifting; and in at least half of the cases there is a need for rapid action (e.g., lifting a fainted patient). This often causes injuries to the musculoskeletal system. Many hospi-

tal facilities are objects designed and built without taking into account ergonomics (in the case of small rooms, corridors and auxiliary equipment instead of helping hinder the work of nurses). The buildings are not designed structurally and technically for the use of auxiliary equipment.

What is safe patient handling? Safe patient handling involves using the appropriate equipment, techniques, body mechanics and care to optimize staff safety, patient safety and patient independence. The ultimate goal is to eliminate or minimize the risk of injury to health care staff while enhancing patient safety. Safe patient handling includes lifting, lowering, holding, pushing, or pulling a patient using bodily force of a care provider.

Hazards associated with safe patient handling can be present at any point. Physical injuries can result from awkward postures, overexertion, unexpected patient behaviour and poor body mechanics when attempting to handle and move patients. The unpredictability of patient behaviour can include a sudden loss of balance or strength, reactive behaviour and violence and aggression towards staff. Inappropriate use of equipment, limited staffing, poor technique, uncooperative patients, time pressures and exposure to emotional situations are also hazards related to patient handling and movement.

The aim of the project *European innovative programme for nurses – Moving and Handling* is to transfer and adapt to local conditions of 4 European countries (Lithuania, Poland, Czech Republic and Estonia) an innovative educational programme for nurses in the field of moving and handling. This programme is based on a unique know-how of the authors of the programme at Birmingham City University. The main activities of the project *Moving and Handling* are: analysis of the state of the art, transfer and adaptation of the innovative *Moving and Handling* educational programme to 4 countries, train the trainers activities, pilot testing of the adjusted programme, impact evaluation, final adjustment, multipliers events and dissemination, project and risk management.

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The training effectively teaches nurses how to do moving and handling of patients properly while avoiding the movements and postures that could cause them injury. Such behaviour has profound implications not only on the quality of nurses' life, but also on the efficiency of the whole health care. The costs associated with work-related musculoskeletal disorders can be lowered.

The aim of the local workshop was to present and disseminate the new developer intellectual output, namely the new innovative programme *Moving and Handling*. The target group were head nurses, heads of educational departments in hospitals and representatives of state authorities. The small-scale meetings were aimed at different stakeholders like municipal or regional authorities who deal with health care, professional organisations and big hospitals. The workshops were actively involving the participants to further disseminate the information, actively propagate the new course and integrate them into the plans in their organisations. The main result is the

new programme in the field of moving and handling for nurses that increases substantially the effectiveness of the education, and its impact on their daily work life incorporates innovative educational tools.

Creating a safe patient handling culture requires a paradigm change that must begin in professional health care programme curricula and training. A safe patient handling and movement programme can lead to a decrease in injuries of health care workers and improved job satisfaction, and reduce employers' overall work injury costs, which has potential long-term implications for nurses' retention, satisfaction and recruitment. Elements of an effective programme include active involvement of patient care providers, administrative support, patient assessment tools, resource options of patient lift equipment, and assistive devices to reduce or eliminate injury risks coupled with ongoing safe work practice staff education, competency-based training, and policies and procedures to build and maintain the programme.

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